



ENDGAMES

SPOT DIAGNOSIS

Congenital blistering

Anna Nielsen-Scott *foundation year 2*¹, Helen Goodyear *consultant paediatrician*²¹Good Hope Hospital, Birmingham, UK; ²Heartlands Hospital, Birmingham, UK

A healthy term baby boy, delivered vaginally, was presented on the day of his birth with erosive skin lesions on both upper limbs. He had four demarcated erosions of less than 1 cm diameter in a bilateral symmetrical distribution to the hand and wrist dorsi (fig 1). The baby was observed sucking on these areas of skin ex utero. There were no further skin lesions of note. His mother had no history of infection or bullous disease. A venous blood sample taken from the baby for full blood count, C reactive protein, and blood culture was negative for evidence of infection.



Lesion on the left hand dorsum

What is the diagnosis?

Answer

Congenital sucking blisters.

These are an uncommon but recognised phenomenon that may present as vesicles or bullae. Alternatively, they may appear only as demarcated erosions.¹ The lesions are present at birth, and are caused by excessive sucking by the fetus in utero. They are typically located at the dorsal or radial aspect of the wrists, hands, or fingers. Occasionally, lesions may occur on the feet or on the lips.² The neonate is characteristically seen to continue sucking on the affected areas ex utero. Congenital sucking blisters are a benign phenomenon and should resolve spontaneously within days to weeks.

The incidence of congenital sucking blisters is approximately 0.42%, although some studies suggest an incidence as high as 10.3%.²⁻⁵

Key features include: an otherwise well baby, typical distribution of the lesions (as described here), and the absence of maternal bullous disease or infection. Notable differentials are neonatal infection (eg, *Staphylococcus aureus* bacteria) and bullous disease.

Learning point

Congenital sucking blisters are benign and typically resolve without treatment in days to weeks.

Patient outcome

Following delivery, the mother reported that she did not notice the infant sucking on the areas concerned. At follow-up at 20 months, she described the baby as having faint scars where the lesions had been. He was otherwise healthy.

The author would like to acknowledge the support of Adeel Ghias and Sanjay Gupta in preparing this article.

Competing interests The BMJ has judged that there are no disqualifying financial ties to commercial companies. The authors declare the following other interests: none.

Further details of The BMJ policy on financial interests are here: <https://www.bmj.com/about-bmj/resources-authors/forms-policies-and-checklists/declaration-competing-interests>

Provenance and peer review: not commissioned; externally peer reviewed.

Patient consent obtained.

- 1 Rüdiger A. Denouement and discussion: congenital sucking blisters. *Arch Pediatr Adolesc Med* 2007;161:533-621.
- 2 Bologna JL, Jorizzo JL, Rapini RP, eds. *Dermatology* 2008;1:477-83.

- 3 Ferahbas A, Ulas S, Akcakus M, Gunes T, Mistik S. Prevalence of cutaneous findings in hospitalized neonates: a prospective observational study. *Pediatr Dermatol* 2009;26:139-42. 10.1111/j.1525-1470.2009.00903.x 19419458
- 4 Monteagudo B, Labandeira J, León-Muñoz E, et al. [Neonatal sucking blisters: prevalence and differential diagnosis]. *An Pediatr (Barc)* 2011;74:62-4. 10.1016/j.anpedi.2010.09.009 21185244
- 5 Murphy WF, Langley AL. Common bullous lesions, presumably self-inflicted, occurring in utero in the newborn infant. *Pediatrics* 1963;32:1099-101.14084334

Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to <http://group.bmj.com/group/rights-licensing/permissions>